

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13141</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name DAVID M KREFFT P.O. Box, Bldg., Room No., if any Street 461 CARDINAL City ADDISON State Illinois ZIP Code + 4 60101	4. Name, file number, and address of labor organization. Name IBEW LOCAL UNION 701 Labor Organization File Number 009-333 P.O. Box, Building and Room Number, if any Street 28600 BELLA VISTA PARKWAY City WARRENVILLE State Illinois ZIP Code + 4 60555
5. Position in labor organization. BUSINESS REPRESENTATIVE / ORGANIZER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed	On 8/10/2005	630-393-1701
	Date	Telephone Number

Name of Person Filing DAVID KREFFT	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name ARNOLD AND KADJAN</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 19 W. JACKSON</p> <p>City CHICAGO</p> <p>State Illinois ZIP Code + 4 60604</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>						
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>ATTORNEY FOR IBEW LOCAL UNION #701</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$31,394</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <table> <tr> <td>HOLIDAY DINNER W/SPOUSE</td> <td>\$267.00</td> </tr> <tr> <td>BROOKSTONE RADIO</td> <td>185.00</td> </tr> <tr> <td>BOTTLE OF VODKA</td> <td>18.00</td> </tr> </table> <hr/> <p>12.b. Amount. \$470</p>	HOLIDAY DINNER W/SPOUSE	\$267.00	BROOKSTONE RADIO	185.00	BOTTLE OF VODKA	18.00
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BROOKSTONE RADIO	185.00						
BOTTLE OF VODKA	18.00						

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

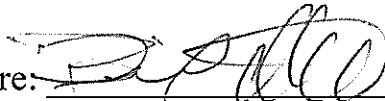
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

U.S. Department of Labor
Employment Standards Administration
Office of Labor Management Standards
200 Constitution Avenue, Room N-5616
Washington, D.C. 20210

RE: Form LM-30 Filing for 2004

Gentlemen:

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrence for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted.

Signature: 

Title: BUSINESS REP. / ORGANIZER

Date: 8/10/05